



**CONVEYING CONCERNS:  
WOMEN WRITE ON MALE  
PARTICIPATION IN THE FAMILY**

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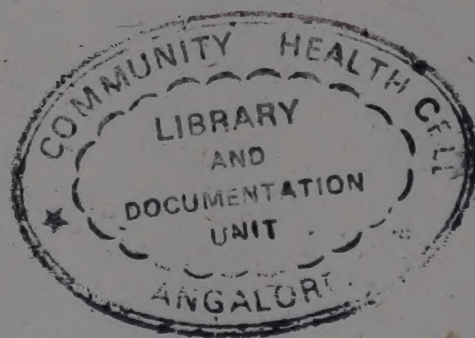
# CONVEYING CONCERNS: WOMEN WRITE ON MALE PARTICIPATION IN THE FAMILY

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# PREFACE

uring the past two decades, women's groups and development experts have worked to raise the status of women in society and to increase their education, income, decisionmaking authority, and ownership rights. Now in some places greater attention is being paid to men as well as women. Experts are asking: how can men be more supportive and involved in family life?

This booklet conveys a range of women's perspectives on male participation in the family. It is the second booklet of a series, compiled through a unique effort to unite women in the media in developing countries. In September 1994, PRB brought together senior editors of women's magazines and newspapers from nine different countries at the International Conference on Population and Development in Cairo, Egypt, to discuss the "other half": men. They produced special supplements in their publications that profiled both global and local aspects of men's involvement in the family. (See a description of the *Women's Edition* Project on page 31.)

Excerpts from these supplements are reprinted here, starting with a global overview that introduces the local pieces from the participating publications. The articles are divided into two sections to highlight key concerns and country perspectives. The first section profiles men's role in planning families. In the second section, the articles discuss the societal expectations that define specific roles for men and women around the world and that affect the raising of families.

Common threads link the essays, which cut across the cultural and economic boundaries represented by the nationalities of the women who wrote them. One common theme is that many men want to be more involved in family planning and other family issues, but do not act on their wishes. The articles presented in this booklet provide a better understanding of both men's and women's perspectives on the family.

## GLOBAL OVERVIEW: INVOLVING THE OTHER HALF

**E**mpowerment of women was a central theme at the 1994 United Nations-sponsored International Conference on Population and Development (ICPD), held in Cairo, Egypt. As an undercurrent, however, male involvement was a hot topic of discussion. It was even written into the final Programme of Action, which outlines international development and family planning goals for the next 20 years.

"Male empowerment and participation are essential elements in women's empowerment," explained Dr. Pramilla Senanayake, Assistant Secretary General of the International Planned Parenthood Federation (IPPF), who attended the conference.

It is especially important in the many cultures around the world in which men are the decisionmakers both inside and outside the home. When a husband controls a couple's intimate relationship, he determines when and how often the couple will have sex and whether or not any form of contraceptive is used.

Male participation in family planning is hardly a new concept. After all, the oldest traditional methods—withdrawal and periodic abstinence—rely on the involvement of men. Current United Nations (UN) figures show that worldwide, about a third of all couples practicing family planning rely on methods that require male cooperation, including modern methods such as condoms and male sterilization (vasectomy).

Because of rapid improvement in female contraceptive methods since 1965—including the pill, the IUD, and new hormonal methods such as NORPLANT®—and the desire of women to have more control over their sexual and reproductive lives, women's methods have come to predominate. Only 3 percent of married couples in developing countries use condoms. And while female sterilization is the most widely used contraceptive method in the world, male sterilization is one of the least used (by only 5 percent of married couples), despite the fact that vasectomy is quicker, cheaper, and involves fewer complications than female sterilization.

Nick Danforth, co-chair of the Men and Reproductive Health Task Force of the American Public Health Association, says this overwhelming reliance on female methods has led to an assumption on the part of many women—and men—that contraception is for women only. Many people also assume that men want large families to prove their virility. As a result, most family planning providers—mainly women—do not try to involve men. The problem is that those men who are concerned about family planning and reproductive health (particularly since the spread of AIDS) are often not welcome in clinics designed for women.

A global study of male attitudes toward family planning was carried out by the U.S.-based Rockefeller Foundation in 1985. A review of 58 studies in developing countries presented a surprising revelation: in general, women do



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*Dr. Pramilla  
Senanayake, IPPF*



not want fewer children than men, even in traditional societies. While men tend to prefer sons to daughters more than women do, their desires in terms of overall family size are usually quite similar to their wives'. The study concluded that men are not the major barrier to a woman's right to choose a method of contraception.

Programs in a number of countries in Africa, Asia, and Latin America are putting these theories to the test.

The Government of Ghana, for example, has included in its newly revised population policy a section on "The Role of Men in Family Welfare." Private organizations in The Gambia are setting up "Daddy's Clubs," where men can gather to talk about their attitudes toward family planning. In Kenya and Colombia, male only clinics are being established where men can talk about sexually transmitted diseases, male contraceptive methods, HIV prevention, and communicating with their wives. In Pakistan, Cameroon, and Ethiopia, new family planning programs are using male trainers specifically to reach male clients.

There are also new male methods on the horizon, such as hormonal injections or implants, which in another decade should take some of the burden off women. But it is not just the tools that count. Dr. Halfdan Mahler, Secretary General of IPPF, recalls a recent survey carried out in England that asked women what they thought of a male pill. Some women replied "Wonderful, except we don't trust the men, so we'll have to keep on taking the pills ourselves."

In spite of all the attention given to male participation in contraception, health and development experts are quick to point out that family planning is just a small part of a larger picture. "It is a starting point, but it is certainly not the only area" for male involvement in the family, IPPF's Dr. Senanayake emphasizes.

Indeed, the ICPD Programme of Action urges a general reshaping of gender roles and relationships. First and foremost, it points out the responsibility of fathers to support their wives and children. The Programme of Action promotes a concept of responsible fatherhood that includes sharing in childrearing and housework, and encourages men to participate in ensuring proper nutrition and health care for their wives, their children, and themselves. It urges men to support their wives in seeking greater economic and political power, and advocates that daughters and sons be raised equitably.

As Dr. Nafis Sadik, Executive Director of the United Nations Population Fund, points out, "Changing gender roles is threatening. Men and women are afraid of how these changes are going to affect them." What all this change should bring about is greater choice for both men and women to determine the life they want to lead.



## PART I: MEN AND FAMILY PLANNING

**F**or many years, there was little concrete evidence that men were interested in family planning. Women and development experts alike assumed that men were much less concerned about these issues than women. Over the past few years, a growing body of evidence—from Demographic and Health Surveys and other country-specific studies—has revealed surprising results. Recent findings indicate that men are often much more interested in and concerned about their partners' health and the well-being of their families than most people realize.

What the studies show, however, is that although men are willing to participate more actively in deciding how many children to have and when to have them, too often they simply lack sufficient information to act on their concerns. In some cases, they do not know about contraceptives or the benefits of family planning. In other instances, men are well aware of, yet have little access to, such services—either because family planning programs are designed with women in mind or because these services are not accessible.

The articles in this section discuss a range of issues regarding men's role in family planning. Ayesha Karim Khan writes that in Pakistan, contraceptive use is so low that both women and men need better access to services and information; however, a critical element for success is men's support of their partner's choice to practice family planning. In Kenya, Mwaura Muigana reveals that men are knowledgeable about family planning, but that cultural or traditional factors often impede their involvement. Esperanza Brito de Martí describes how in Mexico, family planning is perceived as a woman's obligation.

Another essay profiles two Ghanaian men who had positive experiences with vasectomy in spite of the community's prevailing negative attitudes toward the procedure. Noesreini Meliala of Indonesia writes that men, especially young men, have become more enlightened in their attitudes toward family planning. However, their lack of interest in vasectomy is probably due to an absence of information as well as their belief in unfounded rumors. This signals a need for better information and services for men. In a final article, Catherine Wambui highlights some innovative efforts undertaken in Kenya to attract more men to participate in family planning.

## FAMILY PLANNING: THE INVISIBLE MAN?

Ayesha Karim Kahn, She, Pakistan

**R**ecent fertility studies in Pakistan reveal that men are responsible for producing as many as 50 percent more children than are women. However, male interest in family planning is limited at best. Until recently, it was generally thought that family planning could not gain headway as long as children, and especially sons, were considered a primary sign of wealth, virility, and insurance for the future. Under these circumstances, if a woman resists giving birth to the number of sons a man wants, he might beat her until she acquiesces or he might marry someone else who will satisfy his wish for a certain number of children.

In addition to the broad social, economic, and cultural factors that discourage men from participating in family planning or encouraging their wives to do the same, there are a number of intimate factors about which men express concern. Some worry, for example, that their wives would become promiscuous if they could prevent pregnancy. More generally, others think contraception would allow women to assert a new form of control over their bodies and hence change the power dynamics of the marriage.

More genuinely, men express a deep suspicion of contraceptive devices and their effect on their partners' health. For example, myths proclaim that the pill causes infertility. As far as male contraceptive methods are concerned, the two most common—withdrawal and condoms—are considered an unreasonable sacrifice of sexual satisfaction. Reports from field workers in some areas of Pakistan reveal that men objected to using a condom because it “is like eating a banana with the peel on.” Vasectomies are even less acceptable because it is perceived as highly unnatural for men to have surgery on their sexual organs, or because they do not know that it is a quick, painless operation, which in Pakistan is much safer than IUD insertion or female sterilization.

These concerns are not insurmountable. As no culture or religion advocates that men should not care about their families, overcoming opposition to family planning only requires providing missing information. Pakistan's greatest problem is that people are not aware of the importance of family planning and its crucial role in maintaining the health and well-being of both mother and child. According to doctors in Pakistan, there is a tendency for the vast majority of people, both men and women, to regard pregnancy and especially complicated deliveries as intrinsic to the essence of womanhood itself.



*Men express a deep suspicion of contraceptive devices and their effect on their partners' health.*



# MEN'S ATTITUDES TOWARD FAMILY PLANNING

Mwaura Muigana, Parents, Kenya

**K**enya was among the first countries in Africa to initiate a national family planning program, but unfortunately, the program has concentrated to a large extent on women. The assumption has been that men either are not interested in family planning or are opposed to it. But recent research in the field indicates that men are very interested.

"Family planning programs have for many years focused on women, paying little attention to half the population—the men. But men also want to play a part in planning their families," says David Wilkinson, Program Director for Innovative Communications Systems. As Kenya faces increased economic hardships, male interest and involvement in family planning have increased considerably.

According to the 1993 Kenya Demographic and Health Survey (KDHS), 99 percent of all men ages 20 to 54 knew of at least one method of family planning, the condom being the most widely recognized. Interestingly, according to the survey, male sterilization and withdrawal—two other male methods—are among the least known. Just over half of married men surveyed said they knew about male sterilization (vasectomy), a procedure an estimated 500 Kenyan men have undergone.

On the use of family planning methods, the research indicates that 72 percent of married men have used a method at some time, a little less than half having used a modern method. In the survey, men were asked if they were currently using family planning; 54 percent said yes. Men in urban areas are more likely to use family planning than their rural counterparts.

Reasons men give for not planning to use contraception include wives being infertile, wanting to have more children, lack of knowledge, religious reasons, or just plain opposition to family planning among them or their wives.

Contraceptive use increases with higher levels of education. Statistics from the KDHS show that 32 percent of married men with no education, 47 percent with some primary education, 54 percent with completed primary schooling, and 66 percent with secondary education practice family planning.

## DRAWBACKS TO ACCEPTABILITY

Many stumbling blocks prevent greater use of family planning among men. One is rumors about contraception. For example, one of the oldest rumors is that the condom is made to fit European men and is therefore not suitable for African men.

Men also fear permanent methods, such as vasectomy, because of the rumor that it is similar to castration. Many men are led to believe that they cannot perform sexually after the procedure, when, in fact, vasectomy does not interfere with sexual performance.



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*David Wilkinson,  
Innovative  
Communication  
Systems*



Traditional beliefs, such as the belief that women exist to produce children, are also drawbacks to men's acceptance of family planning. Another reason found in less populated areas is the belief that since they are few, the population needs to grow to be on par with other provinces. Some politicians have even gone on record asking their people to disregard family planning and multiply.

If children are considered a mark of social status, and a man with many children considered wealthy, men are less likely to practice family planning. In rural areas, children provide labor, such as fetching firewood or tending to livestock. Children are considered an investment for parents' old age security.

Lack of availability of family planning services is another major drawback. Many government organizations and NGOs are addressing this by distributing contraceptives, such as condoms, in various strategic points for easy accessibility for both men and women. (See page 18 for a profile of Kenya's Male Only Centers.)

Lastly, men's acceptance of family planning is often hindered by a lack of discussion of the issue with their partners. The KDHS found that some women, for example, use contraception without the knowledge of their husbands. And some men use contraception only when they have sex with women other than their wives. For family planning to succeed, cooperation between partners is essential.



## Modern Male Methods of Family Planning

*Catherine Wambui, Parents, Kenya*

### Vasectomy

Vasectomy is among the least known and least used family planning methods. To date, 45 million men around the world have had a vasectomy—quite low compared with the 140 million women who have undergone tubectomies.

The no-scalpel vasectomy is an advanced way of performing male sterilization that is rapidly gaining currency in the world over conventional vasectomy. The results of the improvements mean there is little or no bleeding, fewer complications such as infection, and less pain—yet contraception that is just as effective. Nearly all doctors who learn the no-scalpel technique prefer it, and it is now available in Kenya's Male Only Centers.

Yet research has shown that few Kenyans know about vasectomy. Furthermore, what people do know is based largely on rumors. Vasectomy services can go unused if providers fail to explain it as a contraceptive choice. And, in Kenya, there is a large potential demand for effective contraception like vasectomy. A recent survey found that 38 percent of husbands did not want any more children, yet fewer than 1 percent had had a vasectomy or planned to have one.

### Condoms

The only other modern male method of family planning, the condom, is by far the most widely used. The biggest advantage of condoms is that they prevent not only pregnancy, but sexually transmitted diseases, including AIDS.

In Kenya, condoms are the preferred method for single men who are sexually active. The main disadvantage, however, is that condoms have one of the highest failure rates in preventing pregnancy: about 10 to 15 women out of every 100 whose partners use condoms get pregnant each year.

However, the problem in the majority of cases is that the condom is not used correctly, including inconsistent use, incorrect use such as unrolling the condom before putting it on or reusing the condom, using the wrong kinds of lubricants, poor storage, or allowing the condom to slip off after ejaculation.

Condoms are the easiest contraceptive method to obtain because they are available at a wide range of locations, and it isn't necessary to visit a doctor or a clinic. Some NGOs even put condom vending machines in men's toilets to provide anonymity and convenience.

# FAMILY PLANNING: THE ROLE OF MEN

Esperanza Brito de Martí, Fem, Mexico

**P**opulation policies have traditionally focused on women, wanting to control our fertility so that we may either have many children, few children, or no children at all.

Following the Mexican Revolution, the government established a birth policy aimed at repopulating the country. Motherhood was extolled as a woman's most important role. All this changed when the baby boom went beyond expectations, and population explosion throughout the world became a threat to economic, political, social, and ecological stability.

There was a need for change, and Mexico joined in that change. The revered Mexican mother became a public enemy, attacked by advertising campaigns: *Let us become more productive and less reproductive.*


Mexican women, aware of past, powerful traditions urging them to procreate without limit, decided on their own to take charge of their fertility. This was not because campaigns to reduce population growth were not well conceived and executed. Women became aware that the physical and emotional drain of having a large family was not good, and realized that the government was not giving them the opportunity to control at least their reproductive lives.

Family planning programs, including those called "Responsible Parenthood," have focused on women to the exclusion of men. In fact, no one seems to care that male fertility is considerably higher than female fertility. Because society condones men having sexual relations with several women, men have a greater likelihood than women to have procreated more children by the end of their reproductive lives.

## A NEW FOCUS ON MEN

The new tendency the world over is to make men share in the responsibility of family planning. This new approach could make us proud, but we must analyze the context in which it takes place. Nongovernmental organizations that study male roles, such as the Mexican group *Colectivo de Hombres por Relaciones Igualitarias* (Men's Collective for Equality), emphasize the need to build a democratic society in which men may learn to become fathers, to have affectionate relationships with their children, and to prevent the violence that comes from having a demigod position in the family.

Scholars Juan Guillermo Figueroa Perca and Eduardo Liendro Zingoni believe that the use of contraceptive methods requiring men's participation, such as rhythm, withdrawal, condoms, and vasectomy, "may become a means for domination, control and interference of men...in women's issues. It is not as simple as bringing men into the birth control arena." Men must reexamine their interaction with women from a perspective of shared participation, role change, and joint responsibility in the various aspects of the relationship.



Family planning programs, including those called "Responsible Parenthood," have focused on women to the exclusion of men.



Campaigns addressing men are taking place only after years of struggle and consciousness raising on the part of women have failed to bring about substantial changes in couples' relations and the traditional roles of men and women. Such changes should be fostered beginning at childhood—within the family, at school, by the mass media, and through public support and legislation.

### LIMITED OPTIONS

Change is also taking place at a time when birth control choices for men are very limited. Apart from rhythm and withdrawal, which have high failure rates, the only choices available to men are condoms and vasectomy. Men who use condoms do so primarily as protection against AIDS rather than to prevent unwanted pregnancies. Men who refuse to use condoms argue that they lessen their sensitivity and pleasure during intercourse.

The remaining option is vasectomy—a simple, inexpensive procedure that does not interfere with men's sexual ability if they are emotionally prepared to accept it. It is, however, an irreversible procedure that permanently eliminates the possibility of having children.

Thus, for men, having only two options is quite limiting. Men do not have at their disposal temporary infertility choices: daily pills, monthly injections, implants. Most men interviewed for the *Encuesta sobre determinantes de la práctica anticonceptiva*, a survey collecting information on factors affecting contraceptive use, agree that they must also do something to prevent unwanted pregnancies. If most men agree to do their share, scientific research should provide them with more options, so that men can take joint responsibility with women for family planning.

MALE ONLY CENTER

## FEW CONSIDER HAVING A VASECTOMY

Audrey Gadzekpo, AWO, Ghana

**S**amuel is a mild-mannered, 50-year-old salesman turned pastor. Kwesi is a gregarious 44-year-old small-scale contractor whose witty one-liners deserve to be X-rated. The two men have nothing in common except a radical choice they made last year, a well guarded secret they both prefer to keep within their families: they have had vasectomies.

Having made a life choice that is seldom considered in Ghanaian households, Samuel and Kwesi consider themselves trailblazers in an area rife with rumors and misconceptions.

For most men in Ghana, the thought of a scalpel anywhere near their sexual organs is unthinkable. Experts say for starters, men are simply less predisposed to family planning methods than are women. And when it comes to the three male-initiated birth control options—withdrawal, condoms, and vasectomies—they display even stronger negative feelings.

“Most men equate vasectomies with castration, and that is part of the problem,” says Mrs. Josephine Addy, a family planning nurse in charge of the Planned Parenthood of Ghana clinic where Samuel and Kwesi had their vasectomies. The clinic has performed three vasectomies since it started offering this service in 1993. That, said Mrs. Addy, is no easy achievement considering the fears and misconceptions associated with the procedure.

According to Mrs. Addy, all three men came to the clinic when they had reached a crossroads in their lives and were looking for solutions. She threw them a lifeline by plugging another lifeline.

Samuel, for example, said he came with his wife because they had had more children than they could handle and had experienced failures with other family planning methods. “Someone introduced me to the clinic and I got to know that methods were available for men as well as for women. So, I considered it.”

Vasectomies are irreversible and considered nearly 100 percent effective as a birth control method. Both men say emphatically that they have no regrets about their choice. “I enjoy sex better because there is no fear of having any more children,” says Samuel. Kwesi is no less sacrosanct: “No change, I’m versatile,” he jokes.

In a macho culture such as Ghana’s, the fear of impotence and “loss of manhood” hangs over male heads like a death sentence. According to Mrs. Addy, while vasectomies are performed in major hospitals and some clinics, few men choose that option. “We have had people going around in all the regions of Ghana, and the reaction is the same: people don’t want to do it because of fear that they will not be able to have sex,” she said. “The few who do are secretive because they don’t want the stigma.”

Doctors say the procedure is very simple, relatively painless, and does not lead to impotence or loss of manhood. A minor operation done at a doctor's office or clinic, vasectomies take no more than 30 minutes to perform. After a short rest, usually another half hour, patients can go home. A new method developed in China doesn't even require a scalpel.

Both Samuel and Kwesi say they were able to walk home shortly after the procedure was performed and were sore for only a few days. And in both cases, said the men, their wives were strongly supportive of their choice.

Perhaps because of the negative connotations associated with vasectomies, or perhaps because family planning is such a private matter, both men are reluctant to spread the word of vasectomies outside a very tight circle of friends and family members. "People don't understand and may make fun of you," said Samuel. Still, he is currently counseling a close friend who he says has had too many children and wants a foolproof method of birth control. "I have started to talk to him about it," he said. "I feel confident now because I have gone through it and can attest to it."




*"Most men equate vasectomies with castration, and that is part of the problem." Mrs. Josephine Addy, family planning nurse.*



## MEN'S PARTICIPATION IN FAMILY PLANNING: HOW FAR DOES IT GO?

Noesreini R. S. Meliala, *Femina*, Indonesia

 Oh, I had discussed family planning matters. Yes, long before we got married, when our courtship became serious. We also discussed the number of children we wanted," said Riza, a newly-wed executive of a private company.

This young man seems to understand the meaning of having a family, the concept of having children, and participating in such decisions. This was a reflection of the openness of the new generation.

Denny, a 28-year-old bachelor photographer, appeared to have been taken by the concept of family planning. "I often analyzed people with children. The Koran said that a child brings luck. Many people interpreted it wrongly and concluded that more children will bring more luck. Reflecting back on their experiences, I plan to have only one child," he claims.

Both Denny and Riza were involved in a focus group discussion among young men on the subject of "men's involvement in family planning," hosted by Indonesia's *Femina* magazine. Moderated by Ieda Poernomo Sigit Sidi, a psychologist who often researches family planning, the discussion revealed new horizons of men's concern about family planning.

### MEN'S VIEWS REVEALED


Views many women held about men's involvement, such as men's concern about the side effects of some methods of family planning, were proven wrong. All participants in the focus group were concerned at some level about such things. "We would like to build a healthy family life, and in this competitive world, we are obliged to work hard at it and plan cautiously," the men concluded. But are these men sincere? What about the voices of selfishness we've often heard?

Observation and research conducted by various international organizations indicate that the progress of men's involvement in family planning is unsatisfactory and that men's access to family health services is insufficient.

When men have concerns about their sexual health, no ready answers can be obtained. For example, research shows that, interestingly, as many as half of men surveyed did not want any more children, while services providing vasectomy were scarce.

"Family planning decisions should involve both parties and be the responsibility of the man as the head of the family. I believe the husband and wife should go together to consult on family planning and other matters," said Riza at the focus group discussion.

Yet, family planning has become the sole concern of women. Not surprisingly, when a woman has problems with temporary methods of contraception, the choice of sterilization falls to her. Dr. Djoko Rahardjo, Chairman of the Indonesian Association for Permanent Contraception, experienced that in many cases, women submitted to the husbands when faced

  
When men have concerns about their sexual health, no ready answers can be obtained.

with two alternatives: vasectomy for the man or tubectomy for the woman. Perhaps with reasoning such as "let me suffer a bit instead," the wives proved their love and dedication to their husbands—even though vasectomy is cheaper and safer than tubectomy.

## THE NEED FOR INFORMATION

Men's lack of initiative to volunteer for vasectomy, according to some experts, is probably due to the absence of information as well as their belief in unfounded rumors, such as the rumor that vasectomy reduces sexual intimacy. This points to an unmet need for information services for men.

"Women have excess time to read, consider and choose family planning methods they are comfortable with, not like us... Indeed we will put a priority on politics, the economy or criminal news rather than family planning [because of the way information services are designed]," commented Bintoro, a father of two.

For reasons such as these, Dr. Rahardjo says the Indonesian Association for Permanent Contraception has designed information dissemination strategies to create demand for male services. "We give accurate information and provide quality services."

The marketing campaign for their vasectomy program is based on the acronym *MESRA*, which is also the Indonesian word for "romantic." M is *murah*, or cheap; E is *efektif*, or effective; S is *sederhana*, or uncomplicated; R is *ringan*, or light; and A is *aman*, or safe.

The association has seen great success since its inception in 1973. Records indicate a vast increase in the number of vasectomy acceptors. Today, the ratio of tubectomies to vasectomies is about 3:1, whereas it once was 20:1.

Other innovative efforts have seen success as well. A nonprofit organization in Jakarta, *Paguyuban Darma Bakti*, recruits vasectomy acceptors to act as motivators. To date, 60 men have been trained to disseminate information on permanent contraception. "The motivators take personal approaches, making home visits or organizing office discussions. Together with the organization, they have carried out activities in a number of places in Jakarta," explained Abdul Ahmad, the Chairman.

The role of men in family planning has indeed increased over the past decade, albeit somewhat slowly. As Joan Dunlop, President of the International Women's Health Coalition, says, if family planning programs for men are to be successful, they must have a broad focus that looks beyond contraception alone. The role and relationship between husbands and wives will determine the ultimate success.

## MALE ONLY CENTERS: A NEW CONCEPT IN FAMILY PLANNING

*Catherine Wambui, Parents, Kenya*

**A**fter having three children, my wife went on the pill for her contraception because we could no longer afford an accident with the natural methods we were using. Her blood pressure immediately shot up, and she was advised to discontinue. She tried [other methods], but they had complications, too. I felt I was being unfair and it was my duty, too, to take part in family planning. One morning we went together to our local family planning clinic. I will never forget how embarrassed I felt. There was not even a single man there, just queues of women and their babies. This was a woman's world and I felt totally lost."

The experience of this man, who talked openly at a vasectomy workshop, is one many men who have attempted to become involved in family planning can identify with. Family planning campaigns have been almost exclusively focused on women.

Yet recent research shows that not only is there a tremendous demand from men for information about contraception, but many are interested in taking an active part in planning their families. With the cost of living rising sharply, men see that a large family is difficult to afford and want to limit the number of children they have.

Male Only Centers are an effort to encourage and enhance male involvement in family planning. Male centers are a direct response to suggestions from men who say that existing clinics are too woman centered and that they would prefer to receive family planning counseling and services in an atmosphere separate from the usual activities of a family planning clinic.

Since 1993, five Male Only Centers have opened throughout Kenya. The centers are unique in that they are staffed by personnel who have been specially trained about the needs and concerns of men. They provide the full range of high quality, low cost family planning services, including the newest technology in vasectomy. The clinics provide a confidential environment in which men and their partners are able to discuss their needs.

Innovative Communication Systems (ICS) and Population Health Services are two local NGOs at the forefront of working not only to educate the general public about family planning, but also to improve the services men receive. The NGOs engage in training and updating the skills of family planning counselors in the centers, with special emphasis on male clients interested in vasectomy.

In March 1993, ICS convened a successful training workshop for family planning counselors attended by a group of men who had already had vasectomies. The organization sought to link these men with family planning counselors so that they could work together as teams to motivate other men to accept vasectomy. As one counselor said, many men normally request to talk to a man who has had a vasectomy before consenting to have the procedure.

Involvement of men in family planning is not something new. Traditionally, it used to be a man's responsibility to plan his family, with methods like withdrawal and abstinence. Men are still interested in taking part in family planning. Even as scientific research tries to provide men with more methods to choose from, there is a need to popularize the already available male methods and to encourage men to share the responsibility of family planning.

### THE EXPERIENCE OF THE KENCOM HOUSE CENTER FOR MEN

The Kencom House Center, opened in Nairobi in 1993, is one of the few Male Only Centers in Kenya. Mr. David Wilkinson, Program Director of ICS, says the main reason behind opening the center was that "while we can't dispute the fact that some men are comfortable in clinics where there are women, there are others who prefer the exclusivity in male only clinics."

Mr. Wilkinson's assessment is that these pilot centers have been very successful. Many men are making use of the Kencom House Center. In a typical month, the center receives about 40 walk-in inquiries, 20 telephone calls, and performs an average of 8 vasectomies. It also gives free condoms to men who want them and distributes leaflets on all methods of family planning.

Kencom House Center is unique in that it does not limit itself to family planning. It provides a whole range of male reproductive health services, including counseling on infertility, sexually transmitted diseases, AIDS, and male sexual problems.

Their experience clearly highlights the need for publicity of male methods to promote male involvement in family planning. Men need to know what methods are available, where to obtain them, and what is involved—especially with vasectomy. In a recent six-month period when the center conducted an extensive advertising campaign for vasectomy, including publicity in daily newspapers and on the radio, the level of awareness rose sharply and public interest in vasectomy was stimulated. In response to the ads, the Kencom House Center received approximately 800 inquiries about the procedure. The number of vasectomies performed also increased dramatically: during the campaign, 45 men had vasectomies, compared to only 18 in the six months prior to the ads.

Male Only Centers provide a much needed place for Kenyan men to receive high quality family planning services at a low cost. They are going a long way in promoting involvement of men in family planning.



*Male Only  
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family planning.*





## PART II: BREAKING FREE OF CONVENTIONAL GENDER ROLES

**W**hile family planning is an important aspect of men's family involvement, a look beyond contraception shows that there are many other issues: women want men to be more involved in raising children and to contribute in other ways around the home.

The world's leaders agreed in principle in the Programme of Action of the 1994 International Conference on Population and Development that men and women should have the opportunity to share equally in childrearing and housework, as well as breadwinning. But how many years—or generations—will be needed to put this principle into practice?

The roots of men's lack of participation lie in social "gender conditioning," the roles and responsibilities that men and women learn as children, from parents and other role models, in the mass media, schools, and other social institutions. The editorials that follow argue that this conditioning must change for men to be fully involved in family life.

Sandra Aliaga Bruch of Bolivia describes how society often directs women into one role—typically mother and housekeeper—and men into another that is usually far removed from the emotional aspects of home. Sathya Saran reveals the struggle faced by many Indian women, oscillating between their newly found intellectual and professional freedoms and their traditional domestic roles, without much support from their partners.

Audrey Gadzekpo's editorial hints that modernization in Ghana is making male domination a phenomenon of the past. Ayesha Karim Khan of Pakistan discusses the delicate issue of raising women's status both within and outside the home in a traditionally male-oriented society. And finally, Matilde Terán of Mexico addresses the question of what part women have played—inadvertently or even intentionally—in this gender stereotyping.

## RESPONSIBLE FATHERS: AN ACT OF LOVE

Sandra Aliaga Bruch, Equidad, Bolivia

**T**he most irrefutable proof of a man's virility should not be his ability to have children, but his capacity and his commitment to raising them. There is no comparison between a single act of intimacy leading to conception, and the entire life of attention, sustenance, protection, education, guidance, and dedication that is required to raise our sons and daughters as men and women.

Men are not the only ones to blame for this failure. In referring to the many troubles that afflict women because of the discrimination they endure, we often talk about "the forgotten 50 percent of the population." However, in terms of daily family issues as important as children and women's reproductive rights, the "forgotten population"—the other 50 percent—is men. Society has left men out of decisions as important as life itself.

### SOCIETY'S EXPECTATIONS


Society leads us to believe that the figure of the father can almost be dispensed with. There is the expression *we have only one mother*. So, do we have a collective father, perhaps?

In an unconscious, yet ruthless and self-sufficient manner, women have gradually excluded men from sharing the responsibilities of raising our children—their successes and failures, their love.


It is not farfetched to believe that some husbands and fathers even use today's greater participation of women in society and the labor force as an excuse to give less time and money to their families. The results of a Chilean study of low-income adolescent couples revealed that 42 percent of all fathers of young children did not share the expenses of raising them. Another example is provided by the United States, where only 8 of every 40 single-parent households is headed by a man—leaving 32 of those 40 headed by women.

Society does not expect men to raise their children and work at the same time, underestimating men's ability to do something that is commonly expected of women. This indirectly relieves men of a responsibility that is theirs—often by law, and definitely by nature and by reason of being human—leaving men with few reservations about bringing children into this world.

In a literature review conducted by UNESCO, surveying 204 articles on the subject of the family in Latin America, only two articles addressed the issue of fatherhood or the role of the man in the family. The remainder discussed family issues defined in terms of mothers and their children. Gill Gordon of the International Planned Parenthood Federation says, "Giving women total responsibility for their children results in the exclusion of men from the family and makes men less likely to behave in a responsible manner."



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Some people argue that men will never assume much parental duty because of their obvious physiological differences with women. Aaron Sachs of the Worldwatch Institute believes that the reason "some men limit their family responsibilities to sexual intercourse is because that is what is implicitly sanctioned by society."

Is this discrimination of men? Are we putting them at a disadvantage because they are unable to conceive and carry a pregnancy? In fact, nature's gift to women would not be possible without men. The very important decision of creating a child should be made jointly. It is important to find ways for men to participate more closely in the pregnancy process, and for men to realize their roles as fathers more fully.

### **MEN'S REPRODUCTIVE RIGHTS**

The International Conference on Family Planning, held in 1981 in Jakarta, Indonesia, concluded that men have the same basic reproductive rights as women. The conference shed light on the fact that family planning services do not fully address men's reproductive rights and recommended this as a priority area for change. Thirteen years later, only a few attempts have been made in that direction.

If a woman has reproductive problems or needs advice or information, she can go to a gynecologist or to the hundreds of organizations working in the family planning and reproductive health field. But what about men? It is difficult for them to touch upon a subject that can make them insecure about their virility and *machismo*, qualities that are socially expected. Men have nowhere to go—urologists typically do not address reproductive health issues, and gynecologists do not treat men.

Men have little understanding about reproductive health issues and few opportunities to discuss them, leaving them feeling alone and unable to express their feelings. This insecurity is often the real reason for their dominance, their male conceit, and their unwarranted aggression. To admit they have sexual questions or problems brings their manhood into question.

Men are socialized to hide their feelings and repress their affections, while women are allowed—even encouraged—to express them. In sexual relations, women are taught to love, and men to possess. Thus, men tend to differentiate love from sex, while women have trouble making that distinction.

Let us forget such learned responses. Let us all—men and women alike—feel free to express affection. Shared affection will help us all care for our children in a more loving way.

# TOO MANY FATHERS, TOO FEW RESPONSIBLE MEN

*Sathya Saran, Feminá, India*

**M**y father was a responsible man. Though of the old school, he took upon himself some of the burdens of parenthood. While it was Mom who was chief disciplinarian, tutor, and mentor, Daddy made sure we were dropped off at school everyday, picked up afterward, and driven home before he went back to work. And when Mom was away, Daddy not only fed us and got our uniforms ironed, but even plaited our quite unmanageably thick hair.

I didn't realize it then—and my father never made much of it—but he might have paid for his concern in unspoken ways. Maybe at work, colleagues derided him for being less than a “boss man” at home; maybe friends made fun of him for being too caring a father.

I realize now how fortunate we were to have a caring father who was not ashamed to show he cared to participate in his family's functioning. Today, the modern Indian woman has attained her status as an individual, but has yet to realize proper dignity within her own home. Pressures from within herself to realize her dreams, combined with monetary, peer, and other external pressures, send her on a so far considerably uncharted journey of balancing two lives—at the workplace and at home.


At the root of all stories of anguish and unrelenting pain is the same age-old, recurring theme: an uncaring man. A man who, even as he assumes the role of husband and father, refuses to let fall the mantle of superiority granted him by gender conditioning.

## CUTTING THE SLICES EQUAL


So what is this conditioning we are constantly talking about? What is it that makes most men behave the way they do with those closest to their hearts—their wives and children?

It is the untaught, informal lesson that percolates through the senses when a mother cuts a slice of cake in two and hands the larger piece to her son and gives her daughter the smaller one. It is the same lesson, rephrased, that a girl must help in the kitchen while her brother goes out to play with the boys. Fathers, too, pass this on to sons—when they berate their wives in front of their children, when they sit with a drink watching TV while their wives struggle with the kids' homework on the one hand and the ladle in the other.

In myriad ways, conditioning establishes itself, spreading over the male psyche. The message is passed on, spelling out one “truth”: women are only home tenders and thus second class. Changing this perception in obvious ways is feared by men. Letting women have equal rights, or alternatively, even letting the family benefit by way of a father's emotional giving, will change the power dynamics of the marriage.



*Male participation  
in family life  
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family planning.*



Yet, caring is one thing, responsibility another. Men often shoulder the burden of responsibility in economic ways. But it is emotional giving and sharing that makes a marriage run smoothly. Where does male responsibility begin in a family life? To a large extent, it begins with an awareness of the needs of the woman—her health, her nutritional needs during and after pregnancy. It then extends to include the children and their health care, nutrition, education, comfort, and security needs.

### IT TAKES TWO TO MAKE A BABY

Of course, male participation in family life doesn't end with family planning. Hundreds of Indian husbands will agree to limit their family size, to space their children, and even to take on the onus of contraception. Yet, the areas beyond are gray and shrouded in mist.

"I was grossly pregnant and very sick, and finally one day when I fainted while cooking, my husband started helping with the housework," says Rita, a young married woman. "Then my mother came to stay with us and look after me—and she made such a fuss that I was allowing my husband into the kitchen and to help with other chores, that he began to feel quite sure he had done something stupid. It took me months of persuasion to coax him to help me out with the baby."

Yet times are changing. Living abroad for awhile, coping with two jobs and a servant-free home, and dealing with the demands of children all provide a climate of awakening male responsibility far away from the cankerous reach of conditioning.

This change is needed not only in individual attitudes. There is much room for change in policies, including how men's roles in the family are engendered in government policies. Most policymakers and program directors define the family as the mother-child unit. They simply don't seem to expect men to take part.

### PATHS TO CHANGE


The International Planned Parenthood Federation suggests that integrating family planning into community development programs and integrating sex and gender education into primary school systems can help. And help it will—because it could be the first step toward breaking the continuity of the gender-discriminating messages passed from generation to generation.

Education is the key to breaking the mold of stereotyping. And if education can put a woman into the pilot's seat or send her into space or enable her to discuss nuclear physics at an international seminar, then education can free men from the inhibitions that straightjacket their emotions about their families.



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## Juan Charrasqueado: An Obsolete Character?

Cándida Huerta, Fem, Mexico

Like many men and women, I believe Mexico's patriarchal culture suffers from men's irresponsibility within the family and in their relationships with women, as shown in our proverbs, jokes, songs, and law.

Forty years ago, men and women were singing with pleasure the adventures of Juan Charrasqueado, who left "the fields without flowers" and many illegitimate children in his wake. Forty years ago it was considered funny for a man to ask another "how many children do you have" and for the answer to be "in which neighborhood?"

Today, Juan Charrasqueado and the prolific father are anachronisms. They continue to exist, but do not enjoy the social recognition they once did, not so long ago.

Our society has changed. We've felt the impact of feminism and birth control campaigns. Now there are few men—at least in urban areas—who take pride in their boundless fertility and their irresponsible fathering of children.

The question remains: why haven't the laws that favor male irresponsibility changed if society has changed and men—no one wants to be

Juan Charrasqueado anymore—have apparently also changed? Laws that regulate paternity suits continue to foster men's lack of parental responsibility by denying children the right to receive financial support for food and other needs from their fathers.

In 1928, in their desire to protect men from women, legislators stated that "it was their intent to prevent paternity suits from becoming a source of scandal—an opportunity for exploitation by shameless women who may want to benefit from their prostitution."

The Civil Code in force since 1932 shows that Mexican law leaves without protection nearly all children born out of wedlock, as well as children born in a man's *casa chica*, or second home.

Scientific advances such as DNA testing can provide conclusive proof of a person's parentage. There is no longer the need for the justice system to evaluate subjective proof. It is no longer possible for men to continue denying their responsibility—there need be no more "shameless women" accusing innocent men, no more abandoned and hungry children, and no more Juan Charrasqueados.

# WHO SHOULD WEAR THE PANTS IN THE FAMILY?

Audrey Gadzekpo, AWO, Ghana

**S**omali author Nurrudin Farah recently gave a lecture at the Institute of Economic Affairs on the link between family structure in Africa and democracy. The speaker's point seemed quite simple: the structure of our families, in which the male is the undisputed head of the household and his wife and children have little or no say in matters that concern them, is at the root of Africa's political problems. If our quest for democracy is to bear fruit, he suggested, then our families must undergo a fundamental change, for they are undemocratic.

Needless to say, people attending his lecture had a problem with his theory, but a select few women latched onto it for dear life. The modern, enlightened man espouses highfalutin' democratic principles but often displays the most dictatorial tendencies at home. In the '90s, father still knows best. It is father who gets the best and largest portion of meat, father whose cravings determine the day's menu, father who makes all major decisions and rules without consulting the rest of the family, father whose wish is supreme.

Admittedly, this super-domination is changing in many households as women continue to push for change and men concede to their demands for equality. Still, women, despite decades of agitating for liberation, often defer to men in all aspects of domestic life. Yet the most common complaint made by women is that they are not only having to bring home the "dough," they must also knead, bake, and serve it. In other words, while our responsibilities are expanding to include breadwinning, men are still loath to contribute their fair share to household chores.

The consequences of disobeying the boss in the family, much like the consequences of going contrary to the likes of any political dictator, can be grim. Punishment for dissension, irrespective of culture, generation, and education, ranges from the mild and subtle to the most severe and ruthless, depending on the extent of democracy in the family.

Considering that most creatures, both great and small, abhor retribution, the result has been compliance and uneasy compromise.

For those unmarried sisters with a "damn the consequences" attitude, retribution comes in the form of singlehood. Where it is viewed as admirable in a man, an independent mind in a woman is measured in degrees of *too*—too opinionated, too known, too outspoken, too independent, too challenging, too free.

These labels comply with a certain societal norm without which, we are told, society can become quite chaotic, for there can only be one boss in the family, and that boss is he who wears the pants.

## CHANGES IN FASHION

Unfortunately for that theory, even fashion is on the side of women these days. A change in fashion over the years has meant that from farmers in the



village to high-society ladies, women are wearing pants. And though wearing pants does not in itself suggest that our roles have changed, it does serve as a metaphor for the change in the fundamental structure of the family, however minor. For those who believe in natural order and hierarchy, the notion of too many pants in the family can be quite disturbing, but as Mr. Farah suggested in his lecture, the times, they are a-changing.

Perhaps since men, who usually wield political power are so desperately seeking democracy, they could consider beginning their search at home. They could consider conceding that in the family, everyone wears the pants—father, mother, daughter, and son. And depending on the situation, they all wear them well.

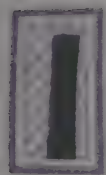


*The most common complaint made by women is that they are not only having to bring home the "dough," they must also knead, bake, and serve it.*



## MAN: THE MISSING LINK

Ayesha Karim Khan, She, Pakistan



In almost all mammals, the male plays the role of the philanderer. From apes to antelopes, fathers abandon their mate after conception, leaving the mother to feed, protect, and guide her babies. But humans are different. From the very beginning, the male has tended to stay with his mate, to care, to defend, and to nurture his offspring. Male participation in the family is one primary characteristic of the human species, the cornerstone of our civilization.

Unfortunately, over the past few decades, men have moved farther and farther away from tradition. And it is women and children who face the consequences. According to recent studies conducted throughout developing and developed countries, women spend about seven times more time with their children than men do. In Pakistan, the situation is worse. Here, many more factors come into play that affect the well-being of the family and the quality of life possible for the new generation. Here, more than anywhere, men need to shake off their apathy and stand up for the rights and development of their children—their health, nutrition, and education—by embracing their familial obligations both at home and in their communities:

Included for the first time in international development agendas is the role of the man in the family. In Pakistan, the insular societal structure and the financial dependence of women on their husbands dictates a situation fundamentally different from many Western cultures. Though the overall status of women in terms of legal and human rights, economic independence, and education is appalling, men in the average urban Pakistani family have a role drawn out for them.

Since many women are restricted to the home, their husbands usually contribute to the household in those matters of the public sphere. In big cities, like Karachi for example, women are hardly ever seen on the roads, in parks, or in markets. Hence, the men do the shopping, buy the clothes for their children and wives, and take the children to school as well as go to work each day.

In the rural areas, on the other hand, the public and private spheres are much less defined. It is here that women have a “double shift”—working an average of 18 hours a day, compared to 10 to 12 hours for men, in their multiple roles as mothers and income generators. The majority of agricultural labor is performed by women, after which they cook, clean, sew, and feed their husbands, children, and livestock. Despite this, women are generally perceived as dependents rather than producers.

Without exposure to information, a changed role in the status of women, increased education opportunities, and financial independence, it is unlikely that the traditional allocation of family roles is going to change. And without change on the family level, the majority of women in Pakistan are unlikely to advance to equal the role of men in society.



*In the rural areas, women have a “double shift”—working an average of 18 hours a day, compared to 10 to 12 hours for men.*



## THE POWER OF WOMEN

Matilde Terán, Fem, Mexico

**B**y teaching boys to be cold and distant and not allowing them to express affection, by convincing boys that raising children is women's work and dismissing the rôle of men in that work, by instilling in boys the belief that all domestic work is degrading, and by fostering men's neglect and desertion of their families, Mexico's patriarchy took the children away from men...and gave them to women.

Women's sole responsibility for raising and educating their children can be seen from two perspectives: as something intimidating and as a power. Children are both a burden and a source of pleasure, self-denial and fulfillment, sacrifice and love.


Motherhood was the only power the patriarchy allowed women, and we accepted it. The children belong to us. We had to give up our artistic and intellectual aspirations. We became mothers, zealously possessive, controlling our children's childhood—their dreams and aspirations.

We played the same game as men. Men remained distant, and we held them back. We did not want them in the kitchen or near the children. Using their incompetence as excuse, we prevented the men from doing, loving, caring.


The men, meanwhile, did not claim their right to be "part of" the family. Having been raised as providers, they were satisfied with that role, whether they were good at it or bad. Men's contact with their children was mostly authoritarian and distant. Men found it convenient—and it probably was—not having to give the baby his bottle or to bathe him, not having to take the children to school or music lessons. Men did not learn to love their children, and perhaps that made it easier to abandon them.

What would be best is if, with the disappearance of the absolute queen of the home and the absolute king of public power, there would be a society in which all power and lack of power would be shared; a society in which men and women will want to love their children but not possess them; a society in which women and men have access to public power but not at the expense of each other.

Women have shown great capacity for change. What remains to be seen is whether we want to exchange the power of "rocking the cradle" for the power of ruling the world and taking control of our own lives.



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# WOMEN'S EDITION

**W**omen's Edition is a unique media project that unites experienced, high-level editors from around the world with a commitment to informed coverage of women's health and related population and family planning issues. These leading editors form a multinational, multicultural board that brings to millions of readers around the world critical information and new perspectives on women.

Since early 1993, *Women's Edition* has increased the coverage of health issues in the popular press of nine developing countries: Bolivia, Egypt, Ghana, India, Indonesia, Kenya, Mexico, Morocco, and Pakistan.

Twice each year, the participating editors—all of whom are women—publish substantial supplements in their magazines and newspapers on topics related to women's health that they select as a group. Half of each supplement offers a global view of the selected topic, written by the coordinating editors at the Population Reference Bureau (PRB). The other half, either written by the editor herself or by particularly knowledgeable reporters working in her country, provides a local perspective unique to each publication.

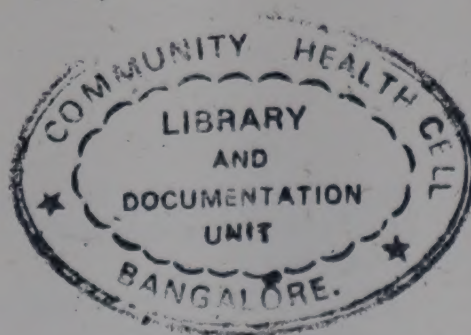
The supplements increase readers' knowledge of women's health and other issues key to their well-being, giving them a valuable tool for better understanding the current health status of women in their own national contexts as well as around the world. By increasing awareness of how these issues are handled elsewhere, the supplements help empower readers to demand better, more appropriate services in their own countries.

To be briefed on the issues, the *Women's Edition* editors meet at biannual seminars supported by PRB and other national or international organizations. The seminars expand the editors' knowledge of women's health issues and provide them with strategies for coverage in their publications. The process ensures that the supplements are accurate and geared toward solving problems at personal, community, and global levels.

*Women's Edition* is coordinated by PRB, a nonprofit, educational organization in Washington, DC, with funding from the U.S. Agency for International Development and the International Planned Parenthood Federation.

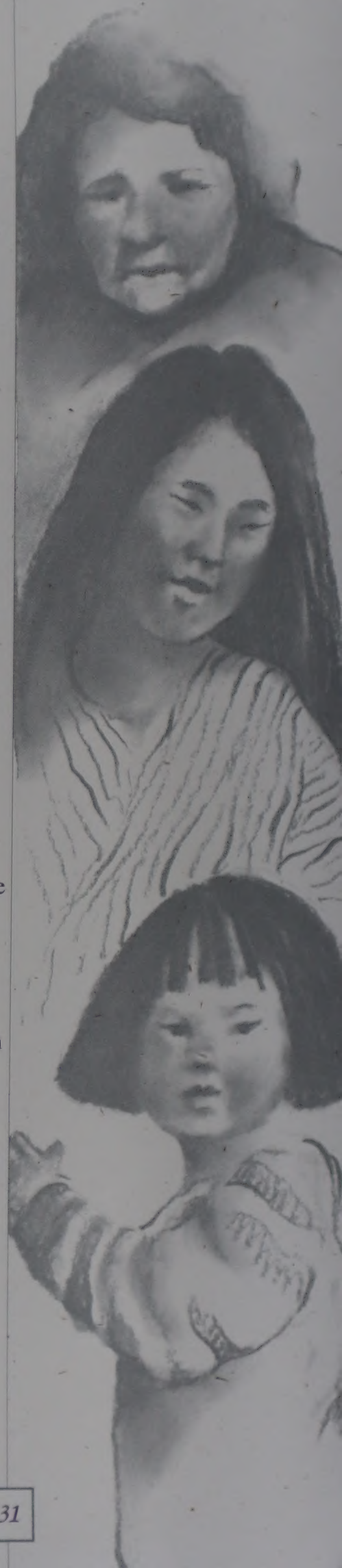
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